

PHYSICIAN STANDING ORDERS

MEDICAL AUTHORIZATION

PROTOTYPE

Authorization is given to _____ to conduct an on-going immunization program. As the medical consultant for this medical clinic/office immunization program, I give consent for the nursing staff to administer immunizations for the vaccine-preventable diseases in accordance with the policies and procedures as outlined on pages _____ through _____ of this text (Immunization Manual).

I have reviewed the preceding policies and procedures and have found them consistent with recommendations of the Advisory Committee on Immunization Practices (ACIP).

I give consent for the nursing staff to administer the following vaccines or any licensed combination of the following vaccines:

1. Inactivated Polio Vaccine _____
2. Oral Polio Vaccine _____
3. Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine _____
4. Diphtheria Toxoid-Tetanus Toxoid (DT) Pediatric Formulation _____
5. Diphtheria Toxoid-Tetanus Toxoid (Td) Adult Formulation _____
6. Hepatitis B Vaccine _____
7. Haemophilus Influenzae type B Vaccine _____
8. Hepatitis A Vaccine _____
9. Measles-Mumps-Rubella Vaccine _____
10. Varivax Vaccine _____
11. PCV7 _____
12. PPV23 _____
13. Influenza _____
14. _____

Date _____ Physician Signature _____

UPDATE ON A YEARLY BASIS